



Veterans Administration

1A. VA FILE NO.

1B. SUFFIX
LETTER

REQUEST FOR CHANGE OF PROGRAM OR PLACE OF TRAINING
Survivors' and Dependents' Educational Assistance

(Under provisions of Chapter 35, Title 38, U.S.C.)

2. ADDRESS OF VA OFFICE WHERE YOUR RECORDS
ARE LOCATED (If known)

IMPORTANT — Before completing this form read the instructions carefully. Answer all questions fully. Type or print answers in ink. If an item does not apply enter "NA" (Not Applicable) in the space. The law places certain restrictions on changes of programs. (See paragraph 3 of instructions)

3. FIRST NAME — MIDDLE NAME — LAST NAME OF APPLICANT

4. FIRST NAME — MIDDLE NAME — LAST NAME OF VETERAN

5A. MAILING ADDRESS OF APPLICANT (No. and street or rural route, city or P.O., State and ZIP Code)

5B. HOME TELEPHONE NO.
(Include Area Code)

5C. WORK TELEPHONE NO.
(Include Area Code)

6A. ARE YOU NOW ON ACTIVE DUTY IN THE ARMED FORCES?

☐ YES ☐ NO (If "Yes," complete Item 6B)

6B. DATE COMMENCED ACTIVE DUTY (Mo., day, yr.)

7. IF YOU ARE THE SPOUSE OF A DISABLED VETERAN, IS A DIVORCE OR ANNUL-
MENT PENDING?

☐ YES ☐ NO

8. IF YOU ARE THE SURVIVING SPOUSE OF A VETERAN ON WHOSE ACCOUNT BENE-
FITS ARE CLAIMED, HAVE YOU REMARRIED SINCE HIS OR HER DEATH?

☐ YES ☐ NO

9A. ARE YOU AN EMPLOYEE OF THE U.S.
GOVERNMENT?

☐ YES ☐ NO

9B. WILL YOU RECEIVE EDUCATIONAL ASSISTANCE BENEFITS OTHER THAN VA PAYMENTS, SOCIAL SECURITY OR RAIL-
ROAD RETIREMENT BENEFITS FROM THE GOVERNMENT FOR YOUR TRAINING?

☐ YES ☐ NO (If "Yes," give details, including the name of the assistance program in Item 19, "Remarks")

10. NAME AND ADDRESS OF LAST PLACE OF EDUCATION OR TRAIN-
ING UNDER THIS LAW

11. ACTUAL OR EXPECTED TER-
MINATION DATE OF TRAIN-
ING PERIOD IN ITEM 10
(Mo., day, yr.)

12. REASON FOR CHANGING COURSE OR PLACE OF TRAINING

PROGRAM OF EDUCATION OR TRAINING

13. IF YOU WANT PROFESSIONAL COUNSELING TO HELP YOU PLAN YOUR EDUCATIONAL OR VOCATIONAL PROGRAM
WRITE "YES" IN THIS BOX AND A COUNSELING APPOINTMENT WILL BE ARRANGED. YOU WILL BE NOTIFIED OF
THE TIME AND PLACE.

☐

14. IF YOU HAVE SELECTED YOUR PROGRAM, WHAT IS THE FINAL EDUCATIONAL, PROFESSIONAL OR VOCATIONAL GOAL YOU PLAN TO REACH THROUGH THE PROGRAM
FOR WHICH YOU ARE APPLYING? (Highest degree or occupation)

15. DESCRIBE THE COMPLETE PROGRAM IN GENERAL TERMS (List each diploma, degree or vocational course)

16. EDUCATION OR TRAINING WILL BE BY:

- ☐ SCHOOL ATTENDANCE ☐ APPRENTICESHIP OR
ON-THE-JOB
☐ INDEPENDENT STUDY ☐ CORRESPONDENCE
(Spouse or Surviving
Spouse only)
☐ FARM COOPERATIVE

17. NAME AND ADDRESS OF SCHOOL WHERE YOU WISH TO
TAKE YOUR PROGRAM (If different from Item 10)

18. ESTIMATED COST OF YOUR
COMPLETE PROGRAM (Tuition
and Fees)

\$

19. REMARKS

I HEREBY CERTIFY THAT all statements herein are true and complete to the best of my knowledge and belief. If I have requested counseling, I authorize release
of school and testing records to the VA for use in counseling me and supervising my program of education and training.

20A. DATE SIGNED

20B. SIGNATURE OF APPLICANT (Do not print)

SIGN HERE
IN INK



PENALTY — Willfully false statements as to a material fact in a claim for educational benefits is a punishable offense and may result in the forfeiture of these or
other benefits and in criminal penalties.